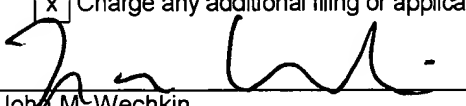
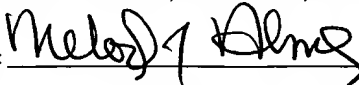


7-27-05

3762 \$
TRW

| AMENDMENT TRANSMITTAL LETTER | | | | Docket No. 337348021US | |
|---|----------------------------------|--|-----------------------------|----------------------------|---------------|
| Application No. 09/978,134-Conf. #4196 | | Filing Date October 15, 2001 | | Examiner R. D. Bradford | |
| | | | | Art Unit 3762 | |
| Applicant(s): Gliner et al. | | | | | |
| Invention: SYSTEMS AND METHODS FOR AUTOMATICALLY OPTIMIZING STIMULUS PARAMETERS AND ELECTRODE CONFIGURATIONS FOR NEURO-STIMULATORS | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | |
| Transmitted herewith is an amendment in the above-identified application. | | | | | |
| The fee has been calculated and is transmitted as shown below. | | | | | |
| CLAIMS AS AMENDED | | | | | |
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 23 | - 49 = | 0 | x | |
| Independent Claims | 2 | - 6 = | 0 | x | |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/> | | | | | |
| Other fee (please specify): | | | | | |
| Extension for response within second month; | | | | | 225.00 |
| Submission of an Information Disclosure Statement | | | | | 180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | 405.00 |
| <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity | | | | | |
| <input type="checkbox"/> No additional fee is required for this amendment. | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> A check in the amount of \$ 405.00 to cover the filing fee is enclosed. | | | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | | | |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 50-0665 as described below. A duplicate copy of this sheet is enclosed. | | | | | |
| <input checked="" type="checkbox"/> Credit any overpayment. | | | | | |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. | | | | | |
|  John M. Wechkin Attorney Reg. No.: 42,216 | | | | Dated: July 25, 2005 | |
| PERKINS COIE LLP P.O. Box 1247 Seattle, Washington 98111-1247 (206) 359-8000 | | | | | |
| I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV622662722US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below. | | | | | |
| Dated: 7/25/05 | | Signature:  (Melody Almberg) | | | |